SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

Page 1 of 17

Do Not Mark in 24 Space for Officia Use (1)

NLOCIVE

**************************************	CC)VE	R PAGE	TOWN AN]	
1. NAME OF COMMITTEE				BRIS	TOL.	cr	VII	
Brittany for	Bristol							
2. TREASURER NAME								
First Karen	MI		Viber	-4				Suffix
3. TREASURER ADDRESS								
Street Address 114 Brace AV Po	8 BOX 9155	City	Brist01			State CT	Zip Co	ode 00/0
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Comp	olete only i	f Candidate Committee)				6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	city c	var	neil				(if applicable	3
7. CANDIDATE NAME (Complete only if	1 : 프랑스트 : 스크스 프로그램 : - 프로그램 12 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1	ee)						
BriHany	MI L	-	Barne	ey				Suffix
8. TYPE OF REPORT (Check One Box)								
January 10 filing	O7th day preceding prim	ary	7th day prece	ding referendum				r Disbursement
April 10 filing	30 days following prim	nary	O45 days follo	wing referendum		1 <i>Cs ONLY)</i> nendmen		
July 10 filing	O7th day preceding elect	tion	ODeficit		Tyj	pe of Rep	ort:	
October 10 filing	12th day preceding elec		Termination					
O24 Hour Independent Expenditure OPrimary OElection	O45 days following electron not held in November	tio n						
9. PERIOD COVERED								
	Beginning Date		En	ding Date				
	07/01/201	9	thru 09	30/20	19			
10. CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the per				ion set forth on th	nis Item	ized Car	npaign F	inance
Kare Vibe			AREN (10/4	7/2018
TREASURER OR DEPUTY TREASURE	EK (SIGNATUKE)	PRIN	I NAME OF SIGNE	K			DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TO	OTALS				
AE OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Britany for Bristul	COLUMN A This Period	COLUMN B Aggregate			
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees					
12. Balance on hand at the beginning of Reporting Period	1,202.70				
13. Contributions Received from Individuals (Sections A and B)	605.00	1875.00			
14. Receipts from Other Committees (Sections C1 and C2)	0.00	6.00			
15. Other Monetary Receipts (Sections D through K)	0.00	0.00			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0 0 0			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	445.60	1875.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1,807.70	1875.00			
Expenses Paid by Committee (Section P)	247.09	354.39			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,626.61	1620.61			
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.06	0.00			
23. In-Kind Contributions Received (Section M)	0.00	0.66			
24. Refundable Deposit to Telephone Company (Section N)	0.06	0.60			
25. Loan Balance	0.06				
25a. + Loans Received (Section D)	0.00	0.60			
25b. + Interest and Penalties on Loan	0.00	0.66			
25c Payments on Loan	000	0.00			
25d. Total Outstanding Loan Amount	0.00				
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	-000			
Expenses Incurred on Committee Credit Card (Section R)	000	6.60			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	42.95				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Repository)	TYPE OF REPORT		
Britany for Bristol		Oct 10, 2019		
Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	rs-Received this Period ONLY SUBTOTAL SECTION A	\$		
B. Iter	mized Contributions from Indiv	viduals		
Last Name	First	. MI		
1 Minor	Laura			
Residential Street Address Andel Son Aue	Bristol	State Zip Code CT C60010		
Staff development man	nager Wheele	c Clinic		
	scess of \$400 to a candidate for a chief execution is he/she is associated with have a contract, 5,000?	ct with said municipality		
event reported in Section L1? No If yes, indica	orincipal of a state contractor or prospective state which branch or branches ent the contract is with:	tate contractor? 8 Yes e OLegislative 8 No 35.00		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction		<i>35.00</i>		
Last Name VWright	Christop I	her		
Residential Street Address 35 Ruth St	Bristo]	State Zip Code CT OCOOLO		
patient registrar	Name of Employer St F(1)	ancu Hopt		
	cess of \$400 to a candidate for a chief execut siness he/she is associated with have a contra	ive officer of a municipality, ct with said municipality Amount of Contribution		
event reported in Section L1? No If yes, indica	orincipal of a state contractor or prospective sate which branch or branches ent the contract is with:	tate contractor? Syes 100.00		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received	Aggregate Contributions		
J Dobrowolski	First	MI		
Residential Street Address 11506 Turmoil Curv	San Anto	State Zip Code TX 78254		
Principal Occupation INSUIGNUE	Name of Employer CIGNA			
	icess of \$400 to a candidate for a chief execut siness he/she is associated with have a contra 5,000? Yes No	ct with said municipality		
event reported in Section L1? No If yes, indica	orincipal of a state contractor or prospective state which branch or branches ent the contract is with:	tate contractor? 8Yes at Legislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Date Received	Aggregate Contributions		
	SUBTOTAL Section B — Th	is Page 145 AO		
	TOTAL of additional Section B	Pages 5 30.00		
	ONS FROM INDIVIDUALS (Sections of the line 13, Column A of Summary Pag			

Section B ADDITIONAL PAGE 2 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Britany-for Bristol	Oct 10, 2019
1. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Indivi	duals
Last Name Sullivan First Sarah	MI
Residential Street Address 1 155 Ashley Pd Bristol	State Cip Code CT CX0010
Principal Occupation Name of Employer ESP	P
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves on the properties of	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: OExecutive	OLegislative Pyes
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order O7/03/19	Aggregate Contributions
Mathews First Kather	
Residential Street Address UT Prospect Pl Sinal Occupation Name of Employer	State Zip Code CT CLOCH O
attorney Gold.	Levy Parot
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	
	O Legislative
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Date Received	Aggregate Contributions 50.00
Last Name Lipscomb First Amy	MI
Residential Street Address 378 West Washington Bristy	State Zip Code CT CO10
Principal Occupation Name of Employer RVIS-	tol CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	
	OLegislative ONo
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 8 3 1 9	Aggregate Contributions 40.00
SUBTOTAL Section B — This	s Page // 0.00
TOTAL of additional Section B	Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections	A + R

(Enter total on Line 13, Column A of Summary Page Totals)

Section B ADDITIONAL PAGE 3 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Britany for Bristol	Oct 10, 2019
Total Contributions from Small Contributors-Received this I (See instructions for definition of Small Contributor) SUBTOTA	eriod ONLY \$ L SECTION A
B. Itemized Contribution	그렇게 그렇게 되는 하는 사람들이 말했다면서 가장 살아 있는데 하는 사람들이 가장 하는 것이 되었다면서 하는 것이다.
Stafford Stafford	andra
Residential Street Address 441 Clark Ave City Br	15-101 State Zip Code CT 0600 10
Principal Occupation Na	ne of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Yes Is contributor a principal of a state contract of government the contract is with:	
	1-18-19 25.00
Last Name Krell First	Paul
Residential Street Address SCO VINE PO City	State State Sip Code GT 5600
ipal Occupation Nat	ne of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candida does contributor or business he/she is associated valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract of government the contract is with:	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	Aggregate Contributions 50.00
Last Name Dorval	Andre
Residential Street Address 80 Lakewood Circle Bi	15tol State Zip Code OGO10
probate judge / attorney P	equalaprobate court/self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of from the from th	e for a chief executive officer of a municipality, with have a contract with said municipality Yes No No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract of government the contract is with:	
	Received Aggregate Contributions 35.00
SUBTOTAL S	ection B — This Page / 10.00
TOTAL of addit	onal Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVII (Enter total on Line 13, Column	

Section B ADDITIONAL PAGE _____

NAME OF COMMITTEE (Provide Co	mplete Name as R	egistered with Filing Repository)		TYPE OF REPORT	
Bristol -	for	Brittany		1 Oct	10,2019
. Total Contributions	from Small	Contributors-Réceiv	ed this Period ONLY		, , 55
(See instructions for definition			SUBTOTAL SECTION A		
		B. Itemized Co	ntributions from Indiv	iduals	
Last Name Leger			First Dawn		MI
Residential Street Address 18 Chimn	ey C	rest Le	Brusky		State Zip Code CT CLe C (C)
Principal Occupation Writer			Name of Employer	Q Bri	Stal
	No does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a candidate for a chief executi is associated with have a contract OYes ONo	ct with said municipality	ity, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #			state contractor or prospective stanch or branches		
Method of Contribution: OCash OFersonal Check OCred	it/Debit Card (Payroll Deduction OMoney	Order Date Received	Aggregate Contributions 50.00	
East Name Fortier			First Mary		MI
Residential Street Address LOS GOO	Sdw.	n St	Brista		State Zip Code CT OGOIO
ipal Occupation AHY			Name of Employer State	QCT	
	No does		to a candidate for a chief executi is associated with have a contrac Yes No		ty, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Q Yes No	Is contributor a principal of a <i>If yes</i> , indicate which bra of government the contra		ate contractor? Ye N Legislative	350.00
Method of Contribution: OCash Personal Check OCredi	t/Debit Card	Payroll Deduction	Order Date Received 7-10-19	Aggregate Contributions 350.60	
Last Name			First		MI
Residential Street Address			City		State Zip Code
Principal Occupation			Name of Employer		
	No does	ntribution is in excess of \$400 contributor or business he/she d at more than \$5,000?	to a candidate for a chief executi is associated with have a contract Yes No	t with said municipality	ty, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #			state contractor or prospective stanch or branches		s Date of the second se
Method of Contribution: Cash Personal Check OCredit	t/Debit Card C	Payroll Deduction OMoney	Order Date Received	Aggregate Contributions	
		SUBT	FOTAL Section B — Thi	s Page	360.00
		TOTAI	of additional Section B	Pages	
TAT	LOFALLO				
1014	LL OF ALL C		I INDIVIDUALS (Sections 13, Column A of Summary Page		

C1. Contributions from Other Committees State		Hanu f	Name as Registered	15401		TYPE OF REPORT	106,0	4
State Zip Code Date Received Aggregate Contributions		· C			ons from Other Cor			
State Zip Code Date Received Aggregate Contribution Type, list Event # Amount of Contribution Type, list Event # Amount of Contribution Type State Zip Code Date Received Aggregate Contribution Type State Zip Code Date Received Amount of Receipt Type State Zip Code Date Received Amount of Receipt Type State Zip Code Date Received Date Received Amount of Receipt Type State Zip Code Date Received Date Received Type Type	of Committee							
Total of Additional Section C C Pages State Zip Code Date Received Aggregate Contributions								
State Zip Code Date Received Agençate Centification	Address				Is this contribution associated	ciated with an Over Over	Amount o	f Contribution
State Zip Code Date Reserved Aggregate Contributions					event reported in Section	n L1?		
In this contribution associated with an Oyes ONO Amount of Contribution	City		State	Zin Code				
Amount of Contribution State								
Amount of Contribution State								
event reported in Section L17 ### State	Name of Committee				Name of T	reasurer		
event reported in Section L17 ### State								
State Zip Code Date Received Aggregate Contributions	Address						Amount o	f Contribution
ame of Committee State Zip Code Date Received Aggregate Contributions					event reported in Section	1 L1?		
Amount of Contribution associated with an	City		State	Zip Code	10 10			
Is this contribution associated with an								
Is this contribution associated with an	Jama of C					reasurer		
event reported in Section L? ### ### ### ### ### #### #### ### ###	Name of Committee				Name of T	Cupator		
event reported in Section L? ### ### ### ### ### #### #### ### ###								<u> </u>
State Zip Code Date Received Aggregate Contributions	Address						Amount o	f Contribution
Total of additional Section C — This Page State Zip Code Date Received Aggregate Contributions C2. Reimbursements or Surplus Distributions from other Committees Name of Treasurer								
Amount of Receipt City State Zip Code City Amount of Receipt City Amount of Receipt City State Zip Code City City Amount of Receipt City State Zip Code City City City State Zip Code City City	City		State	Zip Code				
Amount of Receipt City State Zip Code City Amount of Receipt City Amount of Receipt City State Zip Code City City Amount of Receipt City State Zip Code City City City State Zip Code City City								
Amount of Receipt City State Zip Code City Amount of Receipt City Amount of Receipt City State Zip Code City City Amount of Receipt City State Zip Code City City City State Zip Code City City		C ₂ D	eimhursomo	its or Curry	lus Distributions fo	om other Committees		
Date Received Expenditure # (f/applicable) Payment Type OReimbursement for shared expense OSurplus Distribution OReceipt	Name of Committee	C2. R (James de litel	res or par hi				
Date Received Expenditure # (f'applicable) Payment Type OReimbursement for shared expense OSurplus Distribution Payment Type								
Date Received Expenditure # (f'applicable) Payment Type OReimbursement for shared expense OSurplus Distribution Payment Type	Address.				Circ		Ctnt-	Zin Code
Amount of Receipt City State Zip Code	Juni C22				City		State	
Amount of Receipt City State Zip Code		I David Para III						1
Description State Zip Code	Date Received						Amoun	t of Receipt
Address City State Zip Code Date Received Expenditure # (if applicable) Payment Type Reimbursement for shared expense Supplus Distribution SUBTOTAL Section C — This Page TOTAL of additional Section C Pages TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS			Reimburser	nent for shared o	expense OSurplus Distr	ibution	41	
City State Zip Code Date Received Expenditure # (if applicable) Payment Type Obscription Subtotal Section C — This Page TOTAL of additional Section C Pages TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS		<u></u>		<u> </u>		10441011		
City State Zip Code Date Received Expenditure # (if applicable) Payment Type Obscription Subtotal Section C — This Page TOTAL of additional Section C Pages TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS	Description					iomoji		
Date Received Expenditure # (if applicable)	Description							
Date Received Expenditure # (if applicable)	Description Name of Committee							
Substitution Substitution Substitution Substitution Substitution Substitution Substitution Substitution Substitution Total of additional Section C Pages Total OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS								
Substitution Substitution Substitution Substitution Substitution Substitution Substitution Substitution Substitution Total of additional Section C Pages Total OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS					Name of T		State	Zip Code
SUBTOTAL Section C — This Page TOTAL of additional Section C Pages TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS	Name of Committee				Name of T		State	Zip Code
SUBTOTAL Section C — This Page TOTAL of additional Section C Pages TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS	Name of Committee		Payment Type		Name of T			
SUBTOTAL Section C — This Page TOTAL of additional Section C Pages TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS	Name of Committee				Name of T	reasurer		
TOTAL of additional Section C Pages TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS	Name of Committee Address Date Received				Name of T	reasurer		
TOTAL of additional Section C Pages TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS	Name of Committee				Name of T	reasurer		
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS	Name of Committee			sement for share	City d expense Surplus Di	reasurer	Amoun	t of Receipt
	Name of Committee			sement for share	City d expense Surplus Di DTAL Section C — T	reasurer stribution	Amoun	t of Receipt
(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)	ame of Committee ddress Date Received	(if applicable)	Reimburs	sement for share SUBTO	City d expense Surplus Di DTAL Section C — T of additional Section	reasurer stribution This Page C Pages	Amoun	t of Receipt

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide						FREPORT	
Britary	for	Bristy			00	+ 10,	2019
7			s Rece	ived this Period			
of Lender				Source of Loan: OBank O Cano	lidate () Individu	al Other Committee	Date of Receipt
Street Address		City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicate	ble)						Amount Received
Street Address		City			State	Zip Code	
Name of Lender				Source of Loan: Bank Cand	lidate () Individu	al Other Committee	Date of Receipt
Street Address		City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicab	ole)						Amount Received
Street Address		City			State	Zip Code	
Name of Lender				Source of Loan: OBank O Cand	lidate () Individu	al Other Committee	Date of Receipt
Street Address		City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicab	ole)						Amount Received
Street Address		City			State	Zip Code	
				TOTAL SECTI	ON D		0.00
E. Receipts	from Entiti	es other than Indiv	viduals	or Other Comn	nittees (Refere	ndum Committe	es ONLY)
Name of Entity							
Street Address					Date Received		Amount Received
City			State	Zip Code	Aggregate Contri	butions	
Name of Entity							
Street Address					Date Received		Amount Received
City			State	Zip Code	Aggregate Contril	outions	
Name of Entity			<u> </u>				
Address					Date Received		Amount Received
City			State	Zip Code	Aggregate Contril	outions	
				TOTAL SECTI	ON E		0.00

I. MONETARY RECEIPTS (Sections A—K)

Page 6 of 17

	EE (Provide Complete Name as Registe	ered with Filing Repository)		TYPE OF REPOR	T
Britte	any for Br	1546		Oct	10,3019
in the second se	F. Amount Transferred	from Affiliated Busin	ess Treasury (Busi	ness Entity Commit	tees ONLY)
of Receipt	Is this transaction associate event reported in Section	100 10	yes, list Event#		Amount
Date of Receipt	Is this transaction associatevent reported in Section		yes, list Event#		Amount
Date of Receipt	Is this transaction associatevent reported in Section	100 1/1	yes, list Event#		Amount
Date of Receipt	Is this transaction associatevent reported in Section	105 175	ves, list Event#		Amount
			TOTAL SECTIO	N F	0.00
G. Amount T	ransferred from Affiliat	ted Labor Union or O	ther Organization	Treasury (Orga	nization Committees ONLY)
Date of Receipt		Date of Receipt		Date of Receipt	
	Amount	Amou	int.		Amount
			TOTAL SECTION	G	0.00
	H. Personal Funds of	the Candidate Receiv	ed this Period (Ca	ndidate Committees	ONLY)
Date of Receipt	Method of payment:				Amount
	O Cash	Personal Check	Credit/Debit	Card	
Date of Receipt	Method of payment:				Amount
	O Cash	O Personal Check	Credit/Debit	Card	
Date of Receipt	Method of payment:				Amount
	O Cash	Personal Check	Credit/Debit	Card	
Date of Receipt	Method of payment:				Amount
	O Cash	O Personal Check	Credit/Debit	Card	
			TOTAL SECTI	ON H	0.00
		I. Anonymous C	ontributions		

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A-K

Page 7 of 17

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Renository)		PE OF R	EPORT	
Brittany for	Bristol		00		3019
	J. Interest from Deposits in Author	orized Accounts			
Name of Institution		Da	te Received		Amount
Street Address	City	State		ip Code	
Name of Institution		Da	te Received		Amount
					Amount
Street Address	City	State	z	ip Code	
	TC	TAL SECTION J			0.00
K. Miso	cellaneous Monetary Receipts not (Considered Contr	ibution	18	
Name			the second second	Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name			Date of	Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name			Date of	Transaction	
					Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name			Date of	Transaction	Amount Received
Street Address	City	15	state	Zip Code	
Succe Address	City		, tate	Zip Code	
Description					
	TOTAL	SECTION K			0.60
SUMMARY	OF OTHER MONETARY RECE	EIPTS (Sections 1) thro	ıgh K)	
Total Loans Received this Period (Section					
	ndividuals or Other Committees (Section E	a	<u>-</u>		
Total Amount Transferred from Affiliate					
			-		
	d Labor Union or Other Organization Tre		+		
l Amount of Personal Funds of the C	andidate Received this Period (Section H)) is the second of the second	F .:		
Total Amount of Interest from Deposits i	n Authorized Accounts (Section J)	<u> </u>	+		
Total Miscellaneous Monetary Receipts 1	not Considered Contributions (Section K)		+		
AD BEAT	Total of Ot	her Monetary Re			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE Provide Co	omplete Name as Registered with Filing Repository)		TYPE OF REPORT		
The state of the s	mproces traine as tregisiei en man I ming neposuory)	<u>a vasta in la favora de la servicia de la favorata.</u> Bolinio de la favora de la favor Bolinio de la favora	TIL OF REPORT		
	L1. Even	t Information			
t# Descriptio of Event Letter				Was this a fur	ndraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal	l residence?		5 In-Kind Donations nuse Party and complete st(s) for food, beverage a	e required infor	
Did this fundraiser include goods of up to \$200 or items donated by a	or services donated by a business entity an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L and complete required No		not Considered (Contributions
Was this fundraiser a tag sale, auct with purchases from an individual		OYes (If yes, enter Total Rec	eeipts here.)	\$	
Subpart 2: (Party Committees, M Were there purchases of advertisin sign associated with this fundraises		OYes (If yes, go to Section L	Committees) 3 Purchases of Advertiplete required information		Program Book
Subpart 3: (Town Committees Of Did your committee sell food or be gathering held within the state with	everage at a fair or similar mass	OYes (If yes, enter Total Rec	ceipts here.)	\$	
t# f Event Letter Description				Was this a fur	ndraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal	residence?		5 In-Kind Donations n use Party and complete t(s) for food, beverage a	e required infor	Contributions mation for any
Did this fundraiser include goods of up to \$200 or items donated by a	or services donated by a business entity an individual of up to \$100?	Yes (<i>If yes</i> , go to Section I and complete required No		not Considered	Contributions
Was this fundraiser a tag sale, auct with purchases from an individual		Yes (If yes, enter Total Rec	ceipts here.)	\$	
Subpart 2: (Party Committees, Mi Were there purchases of advertisin sign associated with this fundraiser		Yes (If yes, go to Section L	Committees) 3 Purchases of Advertiplete required information	~ -	Program Book
Subpart 3: (Town Committees ON Did your committee sell food or be gathering held within the state with	verage at a fair or similar mass	OYes (If yes, enter Total Rec	eipts here.)	\$	
SUBTOTAL Section L1—Sub	opart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page		
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —			
		TOTAL of additional Section	n L1 Pages		
		IPTS FROM SMALL PU		()	.00

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

ME OF COMM	ITTEE (Provide Complete Name	e as Registered with Filing Repository)	TYPE OF REPO	RT
BriH	tany for	Bristy	1 Oct	10, 2019
		urchases of Advertising in a Pro	gram Book or on a Sign	
Name of Purchaser				Purchase Made By:
				OBusiness Entity Other
				O Individual/Sole Proprietorship
Street Address		City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	Amount of Sign Purchase
Name of Purchaser				Purchase Made By:
				Business Entity Other
				O Individual/Sole Proprietorship
Street Address		City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	se Amount of Sign Purchase
Name of Purchaser				Purchase Made By:
				OBusiness Entity OOther
				O Individual/Sole Proprietorship
Address		City		State Zip Code
D-4- D	T		 	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	Amount of Sign Purchase
Name of Purchaser				Purchase Made By:
				Business Entity Other
			사람들은 사람들은 사람들은 사람	O Individual/Sole Proprietorship
Street Address		City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	se Amount of Sign Purchase
Name of Purchaser				Purchase Made By:
				Business Entity Other
<u> </u>				Individual/Sole Proprietorship
Street Address		City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	se Amount of Sign Purchase
			11 Tanio and OI 1 10g1 am Au 1 ul Clia	Amount of Sign I urchase
	SUBTOTAL Sect	ion L3 Total Purchases of Advertising	in Program Book — This Page	0.00
	SUBTOT	AL Section L3 Total Purchases of Adv	ertising on a Sign — This Page	
		TOTAL	of additional Section L3 Pages	
1	OTAL OF ALL PURCH	ASES OF ADVERTISING IN A PRO	GRAM BOOK or ON A SIGN	
			umn A of Summary Page Totals)	

II. EVENT ACTIVITY (Sections L1—L5)

Page 10 of 17

		Registered with Filing Repo		TYPE OF I	1.7	11.7
Brit	tany to	1 Bris	101	Oct	10.	2019
N	L4.	In-Kind Donation	ons Not Consid	lered Contributions		
ame of Donor						
treet Address			City			State Zip Code
		e de la composition de la composition La composition de la				
Oonation Given By:	Description of Donation				Fair M	arket Value of Donati
Business Entity						
O Individual	Date Received	Event #		Aggregate Value for this Event		
Sole Proprietorship						
ame of Donor						
treet Address			City			State Zip Code
Oonation Given By:	Description of Donation				Fair M	arket Value of Donation
Business Entity						
OIndividual	Date Received	Event#		Aggregate Value for this Event		
Sole Proprietorship						
Name of Donor						
t Address			City			State Zip Code
t Address			City			State Zip Code
	Description of Donation		City			
t Address Donation Given By: Business Entity	Description of Donation		City			State Zip Code Zip Code
Donation Given By:	Description of Donation Date Received	Event #	City	Aggregate Value for this Event		
Donation Given By: Business Entity Individual		Event#	City	Aggregate Value for this Event		
Onation Given By: Business Entity Individual Sole Proprietorship		Event#	City	Aggregate Value for this Event		
Donation Given By: Business Entity		Event#	City	Aggregate Value for this Event		
Donation Given By: Business Entity Individual Sole Proprietorship		Event#	City	Aggregate Value for this Event		
Donation Given By: Business Entity Individual Sole Proprietorship Name of Donor		Event#		Aggregate Value for this Event		Carket Value of Donati
Donation Given By: Business Entity Individual Sole Proprietorship Name of Donor	Date Received	Event#		Aggregate Value for this Event	Fair M	State Zip Code
Donation Given By: Business Entity Individual Sole Proprietorship Name of Donor Street Address Donation Given By:		Event#		Aggregate Value for this Event	Fair M	State Zip Code
Donation Given By: Business Entity Individual Sole Proprietorship Name of Donor Street Address Donation Given By: Business Entity	Date Received Description of Donation				Fair M	Carket Value of Donati
Donation Given By: Business Entity Individual Sole Proprietorship Name of Donor Breet Address Donation Given By: Business Entity Individual	Date Received	Event#		Aggregate Value for this Event Aggregate value for this Event	Fair M	State Zip Code
Donation Given By: Business Entity Individual Sole Proprietorship Name of Donor Street Address Donation Given By: Business Entity Individual	Date Received Description of Donation	Event#	City	Aggregate value for this Event	Fair M	State Zip Code
Donation Given By: Business Entity Individual Sole Proprietorship Name of Donor Breet Address Donation Given By: Business Entity Individual	Date Received Description of Donation	Event#	City		Fair M	State Zip Code
Donation Given By: Business Entity Individual Sole Proprietorship Name of Donor Street Address Donation Given By: Business Entity Individual	Date Received Description of Donation	Event#	City SUBTOTAL Secti	Aggregate value for this Event on L4 — This Page	Fair M	State Zip Code
Donation Given By: Business Entity Individual Sole Proprietorship Name of Donor	Date Received Description of Donation	Event#	City SUBTOTAL Secti	Aggregate value for this Event	Fair M	State Zip Code
Donation Given By: Business Entity Individual Sole Proprietorship Name of Donor Street Address Donation Given By: Business Entity Individual Sole Proprietorship	Date Received Description of Donation Date Received	Event#	City SUBTOTAL Section	Aggregate value for this Event on L4 — This Page nal Section L4 Pages	Fair M	State Zip Code [arket Value of Donati
Donation Given By: Business Entity Individual Sole Proprietorship Busine of Donor Street Address Donation Given By: Business Entity Individual Sole Proprietorship	Date Received Description of Donation	Event#	City OTAL of addition	Aggregate value for this Event on L4 — This Page nal Section L4 Pages CONTRIBUTIONS	Fair M	State Zip Code

II. EVENT ACTIVITY (Sections L1—L5)

. TOTAL OF COMMITTEE (170	ovide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT
Britta	ny for Bri	Stol		Oct 10,849
	In-Kind Donations Not Cons		Associated with a H	
Name of Host			Is this event su committee?	ipporting more than one candidate o
Street Address		City		State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	vents—this host/candidate	
Name of Host			committee?	pporting more than one candidate of Yes No nplete Itemization in Addendum L5
Street Address		City	IJ yes, con	State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	vents—this host/candidate	
Name of Host			committee?	pporting more than one candidate of Yes No nplete Itemization in Addendum L5
Street Address		City		State Zip Code
Description of Donation				Fair Market Value of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	vents—this host/candidate	
Name of Host			committee?	pporting more than one candidate of Yes No nplete Itemization in Addendum L5
Street Address		City		State Zip Code
Description of Donation				Fair Market Value of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	vents—this host/candidate	
		SUBTOTAL Section	on L5 — This Page	
		TOTAL of additiona	l Section L5 Pages	
TOTAL OI	FALL IN-KIND DONATIONS	NOT CONSIDERED O	CONTRIBUTIONS	(5.15())

NAME OF COMMITTEE (Provide Complete	r Ivame as Reg	gistered with	4 4				YPE OF RE	PORT /	•	116
<u> </u>		ادا	M. In-Kin	d Con	ributions		<u>"</u>	J. C	ر , ر	<u>rui 7</u>
Notic			W. 111-1XIII	u Con	i ibutions					
Street Address					City				State	Zip Code
Type of contributor: Committee	Date Receiv	ved	Aggregate Contrib	utions	Description of In	n-Kind Con	tribution			
OIndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con	tributor o	n excess of \$400 to r business he/she is n \$5,000?	a candidassociate	ate for a chief exected with have a cont	ract with s	er of a mun aid municip	cipality, ality		Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes	outor a principal of s, indicate which br vernment the contra	anch or	oranches		contractor?	8Yes No		
Name										
Street Address					City				State	Zip Code
Type of contributor: OCommittee	Date Receiv	red	Aggregate Contribu	itions	Description of In	n-Kind Con	ribution			1
Individual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor	itributor c	in excess of \$400 to or business he/she is an \$5,000?	a candid	ate for a chief exected with have a con	tract with	cer of a mur	icipality, pality		Market Value is Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	utor a principal of a , indicate which bra ernment the contrac	ınch or b	ranches		ontractor?	8 Yes No		
Street Address				C	lity				State	Zip Code
Type of contributor:	Date Receive	ed	Aggregate Contribu	tions	Description of In	-Kind Cont	ribution			
Individual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does con	tributor o	n excess of \$400 to r business he/she is in \$5,000?	a candid	ate for a chief exected with have a cont	tract with	cer of a mun said municip	icipality, pality		Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	itor a principal of a indicate which bra ernment the contrac	nch or b	tractor or prospect	tive state c		8Yes No		
			SUBTO	TAL S	ection M — Thi	is Page				
			TOTAL	of addit	ional Section M	Pages				
TOTAL OF ALL IN-KIND CON	TRIBUT	IONS a	Enter total on Line 2	3, Colum	n A of Summary Po	age Totals)				
	N.	Refun	dable Deposit	to Te	lephone Com	ıpany				
ast Name of Individual			Firs					MI	Date Depos	it Made
esidential Street Address			City			Stat	e Zip (Code		Amount of Deposit
Isme of Telephone Company										
treet Address			City			Stat	e Zip (Code		
TOTAL SE	CTION	N. (Entan	total on Line 24. C							<u> </u>

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Brita	ny for Bristol	Oct 10	, 3019
	P. Expenses Paid by Committee		
me of Payee		Date of Payment	Method of Payment:
Ima	ige Ink, Inc	8/30/19	© Check # 84
Street Address	City		Debit Card DEFT State Zip Code
162	Pane Rd Newington	<u> </u>	CT 06011
Purpose of Expenditure (by code)	Pane Rd Newington Printing of door hangers & labels Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Independent	ed)	239.29
Name of Payee	Coordinated without reimbursement sought (in-kind contribution) Organization	A O B O C O D Date of Payment	Method of Payment:
Aned	ot, Inc.	July 2019	O Check #O Debit Card OEFT
Street Address	McKinney Ave 7th Hoor Dallas		State Zip Code
Purpose of Expenditure (by code)	Description (n) Intercontribution fees	#	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke	d)	7 80
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Independent	A OB OC OD	
ne of Payee		Date of Payment	Method of Payment:
	in la finalità de la califacta della d La finalità della de		Check # Debit Card DEFT
Street Address	City		State Zip Code
Purpose of Expenditure (by code)	Description Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization	ed)	
Name of Payee		Date of Payment	Method of Payment: Check #
Street Address	City		Debit Card DEFT State Zip Code
			Diff State
Purpose of Expenditure (by code)	Description Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization	A OB OC OD	
	SUBTOTAL Section P — This	Page	247.09
	TOTAL of additional Section P I	ages	
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19, Column A of Summary Page		247.09

NAME OF COMMIT	TEE (Provide Complete Name as Registered with I	Filing Repository)	TYPE OF REPORT	
Britto	ing for Bristy		OC+	10,2019
		paign Expenses Paid b	y Candidate	
e of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Name of Payee (Name of I	 Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Payee (Name of V	l /endor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
ne of Payee (Name of V	 Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
(by code)				
Name of Payee (Name of V	l Vendor, Person or Entity who candidate paid directly		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
		SUBTOTAL Sec	ction Q — This Page	
		TOTAL of additio	nal Section Q Pages	
		ALL EXPENSES PAID er total on Line 26, Column A o		0.00

R. Expenses Incurred on Committee Credit Card Type of Credit Card: O Visis OMaster Card Obscover Omarcian Express Orther Same of Vendor, Person or Emity Dies of Transaction City State Zap Code Type of Expenditure Propositions Type of Expenditure Propositions O Vendor, Person or Emity Type of Expenditure Internation in Addendum R Required unless "None of the below" is checked) O None of the below Coordinated with reinflustement anought (in-lead contribution) O Reparation O O D Dute of Transaction City State Zap Code Type of Expenditure Internation in Addendum R Required unless "None of the below" is checked) O None of the below Coordinated with reinflustement anought (in-lead contribution) O None of the below O None o	60 11	TEE (Provide Complete Name as Registered with Filing Repository	<u> </u>	enatakiin tiiska kultuse ja kyt	1111111111	EPORT		
Type of Credit Card: Visa Master Card Discover American Express Other tenses	Pritt					+	10,	2019
Other of Vendor, Person or Entity Dute of Transaction City State Zip Code Dougost-wide Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is checked) Ocodinated without reimbursement sought (in-kind contribution) Ocodinated without reimbursement sought (in-kind contribution) Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is checked) Ocodinated without reimbursement sought (in-kind contribution) Ocodinated without reimbursement so	<u> </u>	R. Expenses Incurre	ed on Com	nittee Credit	Card			
Date of Transaction City State Zip Code Description Description Proper of Expenditure of the below Coordinated with reimbursement sought (focial expenditure) Coordinated with reimbursement sought (focial expenditure) Coordinated with reimbursement sought (focial expenditure) Coordinated without reimbursement sought (focial expenditure) Coordinated without reimbursement sought (focial expenditure) City Date of Transaction Date of Transaction Date of Transaction City Date of Transaction Amount City Date of Transaction City Date of Transaction Date of Transaction City Date of Transaction Amount City Date of Transaction Type of Expenditure (Identization in Addendum R Required unless "None of the below" is checked) Coordinated without reimbursement sought (focial expenditure) Coordinated without reimbursement sought (focial expenditure) City Date of Transaction City Date of Transaction Amount Type of Expenditure (Identization in Addendum R Required unless "None of the below" is checked) None of Expenditure (Identization in Addendum R Required unless "None of the below" is checked) None of Expenditure (Identization in Addendum R Required unless "None of the below" is checked) None of Expenditure (Identization in Addendum R Required unless "None of the below" is checked) None of Expenditure (Identization in Addendum R Required unless "None of the below" is checked) None of Expenditure (Identization in Addendum R Required unless "None of the below" is checked) None of Expenditure (Identization in Addendum R Required unless "None of the below" is checked) None of Expenditure (Identization in Addendum R Required unless "None of the below" is checked) None of Expenditure (Identization i	e of Issuing Insti	tution	Type of Cred	it Card:				
pose of Expenditure Description Descript			O Visa	Master Card	O Discover	O America	n Express	Other:
prote of Expenditure #	ame of Vendor, Person	or Entity				<u> </u>	Date of T	ransaction
propose of Expenditure Description Event #								
Amount State City State City	reet Address		T City					
Spenditure # applicately Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) Organization None of the below Coordinated with reimbursement sought (io-kind contribution) Organization None of the below Date of Trunsaction			City				State	Zip Code
penditure # applicable Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (in-kind contribution) Organization		Description		Eve	nt #			Amount
State Date of Transaction Description Description Date of Transaction Date of Transaction Description Descriptio	r code)							
None of the below Coordinated without reimbursement sought (joint expenditure) oet Address City Description Description Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) Organization Organization None of the below Coordinated without reimbursement sought (joint expenditure) Organization Organization Description Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) Organization Organizatio	penditure #	Two of Consordition (Maniputing in Add and D. D	7 . 7 . (CAT					
Coordinated without reimbursement sought (in-kind contribution) Date of Transaction Date of	applicable)		i uniess "None	of the below" is che	ecked)			
Date of Transaction City Date of Transaction City State Zip Code Amount Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is checked) Coordinated without reimbursement sought (in-kind contribution) Date of Transaction City Date of Transaction Amount City Date of Transaction Date of Transaction City Date of Transaction Date of Transaction Date of Transaction Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is checked) Date of Transaction Date of Transaction Date of Transaction Type of Expenditure City State Zip Code Type of Expenditure Coordinated without reimbursement sought (in-kind contribution) Description Description Description Description City State Zip Code Amount Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (in-kind contribution) Organization		Coordinated with reimbursement sought (joint expend	liture)	Independen	t			
Date of Transaction Description Description Type of Expenditure (Hemization in Addendum R Required unless "None of the below" is checked) Coordinated without reimbursement sought (in-kind contribution) Description Cordinated without reimbursement sought (in-kind contribution) Description City Date of Transaction Amount Date of Transaction Date of Transaction City Date of Transaction Date of		Coordinated without reimbursement sought (in-kind co	ontribution)	_		C O D		
pose of Expenditure code) Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated without reimbursement sought (joint expenditure) Cet Address City Date of Transaction City State Zip Code Amount Date of Transaction City State Zip Code Amount Amount Date of Transaction State State State State State State State Amount Amount Code) Supplicables None of the below Coordinated without reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (joint expenditure) Coordin	me of Vendor, Person o	r Entity					Date of T	ransaction
pose of Expenditure code) Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated without reimbursement sought (joint expenditure) Cet Address City Date of Transaction City State Zip Code Amount Date of Transaction City State Zip Code Amount Amount Date of Transaction State State State State State State State Amount Amount Code) Supplicables None of the below Coordinated without reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (joint expenditure) Coordin								
pose of Expenditure #	reet Address		City		<u>. 4 </u>	 	State	Zin Code
Type of Expenditure # Occordinated without reimbursement sought (joint expenditure)								
Type of Expenditure # officiables Type of Expenditure # officiables None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Date of Transaction City State Zip Code Amount Amount Type of Expenditure (**Remization in Addendum R Required unless "None of the below" is checked) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Coordinated without reimbursemen	maga of Exmanditure	Towns and		1				
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Date of Transaction Description Description Description Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) One of the below Coordinated with reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages		Description		Ever	at#			Amount
None of the below Coordinated with reimbursement sought (joint expenditure) Date of Transaction Coordinated without reimbursement sought (in-kind contribution) Date of Transaction Date of Transaction City State Zip Code Description Description Description Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) One of the below Coordinated with reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages								
Date of Transaction Type of Expenditure # post of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages		None of the below Coordinated with reimbursement sought (joint expend	iture)					
pose of Expenditure code) Description		Coordinated without reimbursement sought (in-kind co	ontribution)	Organization	OA OB C	C O D		
pose of Expenditure code) Description Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages	me of Vendor, Person o	r Entity					Date of Tr	ransaction
Description Description Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages								
pose of Expenditure code) Description							<u> </u>	Zip Code
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages	eet Address		City				State	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages	eet Address		City				State	
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages		Description	City	I p	+#		State	
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages	pose of Expenditure	Description	City	Ever	ıt#.		State	
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages	pose of Expenditure code)	Description	City	Ever	t#		State	
Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages	pose of Expenditure code)	Type of Expenditure (Itemization in Addendum R Required					State	
SUBTOTAL Section R — This Page TOTAL of additional Section R Pages	pose of Expenditure code)	Type of Expenditure (Itemization in Addendum R Required None of the below	unless "None o	of the below" is che	cked)		State	
TOTAL of additional Section R Pages	pose of Expenditure code)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendi	unless "None o	of the below" is che	cked)) On	State	
요. 있는 1900년에 발표를 보고 있는 사람들이 되었습니다. 그는 사람들은 사람들이 되었다고 있었다. 그는 사람들이 함께 되었다. 1907년 1908년 1월 1일	pose of Expenditure code)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendi	unless "None o	of the below" is che	cked))c Op	State	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals)	pose of Expenditure code)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	unless "None of ture)	Independent	cked)	λ: Ου	State	
	pose of Expenditure code)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought) SU	unless "None of iture) ontribution) JBTOTAL Se	Independent Organization Ction R — This	cked) :OA OB C	C OD	State	

	TEE (Provide Complete Nat					T	
Bri	Hany fo	r Brist	ا ذ		Oct	10,	2019
	S. Exp	enses Incurred by	Committee but	Not Paid Durin	g this Period		
Name of Creditor						Date Incu	ırred
Street Address			City			State	Zip Code
Purpose of Expenditure by code)	Description			Event #			mount Incurred Stimate or Actual)
expenditure # f applicable)	None of the below	mization in Addendum S R reimbursement sought (join out reimbursement sought (i	nt expenditure)	Independent	DA OB OC	Op	
Name of Creditor						Date Incu	irred
Street Address			City			State	Zip Code
Purpose of Expenditure by code)	Description			Event #			mount Incurred Stimate or Actual)
	Type of Expenditure (Item	nization in Addendum S R	eavired unless "None of	f the helow" is checke	od)		
if applicable)	None of the below Coordinated with r	nization in Addendum S Ro reimbursement sought (join out reimbursement sought (i	t expenditure)	Independent	PA OB OC	O D Date Incu	rred
of applicable)	None of the below Coordinated with r	reimbursement sought (join	t expenditure)	Independent			Zip Code
Expenditure # (If applicable) Name of Creditor Street Address Purpose of Expenditure by code)	None of the below Coordinated with r	reimbursement sought (join	t expenditure) n-kind contribution)	Independent		Date Incu State An	
Name of Creditor Street Address Purpose of Expenditure	Description Description Type of Expenditure (Item Coordinated with a	reimbursement sought (join but reimbursement sought (i	ct expenditure) n-kind contribution) City cquired unless "None of the table to the contribution of the c	Independent Organization Event # Independent Independent)A OB OC	Date Incu State An (E	Zip Code
Name of Creditor Street Address Purpose of Expenditure by code)	Description Description Type of Expenditure (Item Coordinated with a	reimbursement sought (join out reimbursement sought (in the content of the conten	ct expenditure) n-kind contribution) City equired unless "None of the expenditure) n-kind contribution)	Independent Organization Event # Independent Independent)A OB OC	Date Incu State An (E	Zip Code
same of Creditor treet Address urpose of Expenditure by code)	Description Description Type of Expenditure (Item Coordinated with a	reimbursement sought (join out reimbursement sought (in the content of the conten	ct expenditure) n-kind contribution) City equired unless "None of the expenditure) n-kind contribution)	Independent Organization: Event # Independent Organization: Organization:	cd) Page	Date Incu State An (E	Zip Code
if applicable) Hame of Creditor treet Address urpose of Expenditure by code) Expenditure # If applicable)	Description Type of Expenditure (Item Coordinated with to	reimbursement sought (join out reimbursement sought (in the impursement sou	ct expenditure) n-kind contribution) City equired unless "None of the expenditure) n-kind contribution) SUBTOTA TOTAL of ad	Independent Organization: Event # If the below" is checked Independent Organization: Organization: AL Section S-This ditional Section S I	Page PAID	Date Incu State An (E	Zip Code
if applicable) Hame of Creditor treet Address urpose of Expenditure by code) Expenditure # If applicable)	Description Type of Expenditure (Item Coordinated with to	reimbursement sought (join out reimbursement sought (in the impursement sou	ct expenditure) n-kind contribution) City equired unless "None of the expenditure) n-kind contribution) SUBTOTA TOTAL of ad	Independent Organization Event # Of the below" is checked Independent Organization: Organization: AL Section S-This ditional Section S I	PAID Totals)	Date Incu State An (E	Zip Code

Ril	TEE (Provide Complete Name as Registered with Filing Rep	ository)	l T	YPE OF REPORT	
	tany for Bristol			Oct	10,2019
	T. Itemization of Re	imbursement	and Secondary P	ayees	
Last Name of Worker/C	onsultant	First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant			Payment to Reimbur	se Committee Worker/Consultant
				reported in Section P Check #	
Street Address of Vendo	r, Person or Entity Paid by Committee Worker/Consultant	City		Check #	State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Room None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in Coordinated without reimbursement sought)	t expenditure)	Independent Organization: 0		D
Last Name of Worker/Co	onsultant	First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant			Payment to Reimburreported in Section P Check #	se Committee Worker/Consultant a : O Debit Card OEF
Street Address of Vendo	r, Person or Entity Paid by Committee Worker/Consultant	City			State Zip Code
CD 114	Description	`			
re of Expenditure de)			Event #		Amount
de) Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Response of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expenditure) n-kind contribution)		O O O	
de) Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Response of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expenditure)	e of the below" is checked O Independent	\circ	
de) Expenditure # (if applicable) Last Name of Worker/Co	Type of Expenditure (Itemization in Addendum T Response of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expenditure) n-kind contribution)	e of the below" is checked O Independent	O O O MI	Date of Payment to Vendor, Person or Entity se Committee Worker/Consultant a
de) Expenditure # (if applicable) Last Name of Worker/Co	Type of Expenditure (Itemization in Addendum T Recommendation of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in consultant	expenditure) n-kind contribution)	e of the below" is checked O Independent	O B O C O I MI Payment to Reimbur reported in Section P	Date of Payment to Vendor, Person or Entity se Committee Worker/Consultant a
de) Expenditure # (if applicable) Last Name of Worker/Co	Type of Expenditure (Itemization in Addendum T Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in onsultant or Entity Paid by Committee Worker/Consultant	expenditure) 1-kind contribution) First	e of the below" is checked O Independent	O B O C O I MI Payment to Reimbur reported in Section P	Date of Payment to Vendor, Person or Entity se Committee Worker/Consultant a: Debit Card DEF
de) Expenditure # (if applicable) Last Name of Worker/Co Name of Vendor, Person Street Address of Vendor Purpose of Expenditure (by code) Expenditure #	Type of Expenditure (Itemization in Addendum T Response) None of the below Coordinated with reimbursement sought (joint) Coordinated without reimbursement sought (in onsultant) or Entity Paid by Committee Worker/Consultant r, Person or Entity Paid by Committee Worker/Consultant	expenditure) n-kind contribution) First City cquired unless "None	Independent Organization: O	Payment to Reimbur reported in Section P	Date of Payment to Vendor, Person or Entity see Committee Worker/Consultant a: Debit Card EF State Zip Code Amount
de) Expenditure # (if applicable) Last Name of Worker/Co	Type of Expenditure (Itemization in Addendum T Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in Consultant or Entity Paid by Committee Worker/Consultant r, Person or Entity Paid by Committee Worker/Consultant Description Type of Expenditure (Itemization in Addendum T Re None of the below Coordinated with reimbursement sought (joint	cexpenditure) n-kind contribution) First City cquired unless "Nonexpenditure) -kind contribution)	Event #	Payment to Reimbur reported in Section P Check #	Date of Payment to Vendor, Person or Entity see Committee Worker/Consultant a: Debit Card EF State Zip Code Amount
de) Expenditure # (if applicable) Last Name of Worker/Co Name of Vendor, Person Street Address of Vendor Purpose of Expenditure (by code) Expenditure #	Type of Expenditure (Itemization in Addendum T Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in Consultant or Entity Paid by Committee Worker/Consultant r, Person or Entity Paid by Committee Worker/Consultant Description Type of Expenditure (Itemization in Addendum T Re None of the below Coordinated with reimbursement sought (joint	cexpenditure) 1-kind contribution) First City City expenditure) -kind contribution) SUBTOTA	Event # Dindependent Organization: O A Event # Dindependent Organization: O A Event #	Payment to Reimbur reported in Section P Check #	Date of Payment to Vendor, Person or Entity see Committee Worker/Consultant a: Debit Card EF State Zip Code Amount